

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 000423	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/02/2012
NAME OF PROVIDER OR SUPPLIER WALDRON HEALTH AND REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 505 N MAIN ST WALDRON, IN 46182		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
K 000	<p>INITIAL COMMENTS</p> <p>A Quality Assurance Walk-thru Survey was conducted by the Indiana State Department of Health.</p> <p>Survey Date: 11/02/12</p> <p>Facility Number: 000423 Provider Number: 155704 AIM Number: 100290450</p> <p>Surveyor: Dennis Austill, Life Safety Code Survey Supervisor</p> <p>At this Quality Assurance Walk-thru survey, Waldron Health and Rehab Center was found in compliance with 410 IAC 16.2-3.1-19(ff).</p> <p>This one story facility was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors. All 40 of the resident rooms were provided with battery operated smoke detectors. The facility has a capacity of 79 and had a census of 68 at the time of this visit.</p> <p>The facility was found in compliance with state law in regard to sprinkler coverage and smoke detector coverage.</p> <p>All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered, with the exception of a detached pole barn of wood frame construction with aluminum siding/roof used for oxygen storage and general storage and a wood frame garage used for general storage.</p> <p>Quality Review by Robert Booher, Life Safety</p>	K 000		

Indiana State Department of Health

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

MNJO21

If continuation sheet 1 of 2

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K 000	Continued From page 1 Code Specialist-Medical Surveyor on 11/02/12.	K 000			